

R# _____ NAME _____
Email: _____ Phone number: _____ Program: Certificate/Second Degree CLS

TTUHSC SHP Immunizations

Copies of lab reports, immunizations and/or health records must be provided.
All immunizations and blood work must be submitted by October 15th
TB testing must have last reading after October 1st

1. **Varicella (Chicken Pox)** Positive Varicella Titer (blood test) **IgG** Date of Test: _____ (Attach Report)

TTUHSC does not accept vaccine for this requirement

2. **Measles, Mumps, and Rubella (MMR)** Positive MMR titer (blood test) **IgG** Date of Test: _____ (Attach Report)

TTUHSC does not accept vaccine for this requirement

3. **Tuberculosis:**

2 –STEP TB skin test (last reading must be after October 1st)

www.nationaltbcenter.edu
Visit 1, day 1: Place the 1st TST and have the employee return in 7 days for the test to be read.

Visit 2, day 7: Place 2nd TST on all employees/volunteers whose 1st test is negative at 7 days.

Visit 3, day 9 or 10: Read the 2nd test at 48-72 hours.

There are different ways of performing the 2 Step TB, we accept any of them

1st test Date: _____ Result: _____ mm

2nd test Date: _____ Result: _____ mm

If positive on TST

Negative Chest X-Ray if (+) TST Date: _____ Result: _____

Chest X-Ray must be no older than 1 year, if TB skin test is positive.
(Attach Report)

TTUHSC will also accept IGRA (T-SPOT or quantiFERON) testing in place of a TB test

Date: _____ Results: _____ **(must be after October 1st)**

4. **Hepatitis B :** Positive Hepatitis B titer (**Surface Antibody**): Date of Test: _____ (Attach Report)

TTUHSC does not accept vaccine for this requirement

5. **Tetanus/diphtheria (Td): Tetanus Diphtheria booster (required within past 10 years)**

Td Date: _____ (Tdap will suffice)

6. **Tdap (Tetanus, Diphtheria, and Acellular Pertussis): One time Adult Dose** (these are only good for 10 years, must be good for you entire length of stay)

Tdap date: _____

7. **Meningococcal Vaccine (MCV): Adults 22 and younger** (vaccine within the last 5 years)

MCV date: _____ circle exemption (age, online)

8. **Influenza Vaccine:** Influenza date: _____ **(required during FLU season October- Mar)**

***Strongly Recommended/Not Required to Disclose**

9. **Covid- 19 Vaccine:** Documentation of 2 doses of Moderna or Pfizer, or one dose of Johnson and Johnson

Dose#1 _____ Dose#2 _____

This completed form and supporting documentation should be forwarded as soon as possible to:

Office of Institutional Health- TTUHSC

3601 4th st MS 8150

Immunization Coordinator

Lubbock TX 79430

fax 806-743-2056 or email to

Mecole.Campbell@ttuhsc.edu

806-743-7455

*** TTUHSC STRONGLY RECOMMENDS THAT YOU BE VACCINATED FOR COVID-19. HOWEVER, YOU ARE NOT REQUIRED TO DISCLOSE WHETHER OR NOT YOU HAVE RECEIVED THE COVID-19 VACCINE TO TTUHSC. ANY DISCLOSURE OF YOUR COVID-19 VACCINATION STATUS IS VOLUNTARY.**